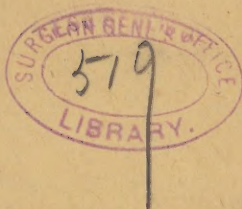


CECIL (J. G.)

Accouchement forcé

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ACCOUCHEMENT FORCÉ: REPORT OF A CASE.

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ON the morning of April 2, 1894, I was called by Dr. Atwood Smith to see a patient in consultation. Arriving about 9.30 A.M., I obtained the following history: Mrs. T., aged twenty-two, the wife of a policeman, had been left by her husband about 10 P.M., April 1st, in her usual health, that is, not complaining more than she had been for the preceding two or three weeks. For several weeks her feet and legs had been swollen; she had not suffered or complained of headaches, disturbances of digestion, or vision; there was not much swelling about the face or hands.

Her husband returning from his watch at seven o'clock on the morning of the 2d, knocked, but receiving no response finally forced the door, and found his wife undressed and in bed entirely unconscious. Not being able to arouse her, he at once sent for Dr. Smith. The Doctor sent for counsel, and during the intervening time observed her in three or four convulsions. He at once commenced the administration of chloroform by inhalation during and at intervals between the convulsions, and gave drop-doses of croton-oil in emulsion. Upon examination I found her in labored respiration—about twenty to the minute—the pulse 72, full, round, and hard; the temperature normal, the eyes staring, at times partially closed, the pupils not responsive to light; the feet



and legs considerably swollen, some puffiness about the eyelids, restless, rolling from side to side and tossing her limbs about. She had been vomiting and purging. Digital examination revealed the vagina soft and dilatable, covered with abundant secretion, the cervix shortened but firm, the os admitting the examining finger.

She was within six weeks of the expected completion of her term of gestation, and from the periodic restlessness we thought it probable that she was having labor-pains, though little impression was being made on the cervix. The bag of waters was unbroken, and the presenting head could be felt, but it was not engaged. Fetal heart-sounds were heard in both hypochondriac regions, but more distinctly on the left. The uterus was large and irregular in outline.

The diagnosis of multiple pregnancy, owing to the urgency of the condition, was not made out at this time, as it undoubtedly might have been easily done had more care been bestowed upon it. In consultation we determined to control the convulsions with chloroform; to prevent recurrence by hourly doses of fifteen grains of chloral hydrate by the mouth, or thirty grains by the rectum; to continue efforts at purgation by the croton-oil, and to let the labor for the time take care of itself. During the next four hours she received six drops of croton-oil, which did not produce purgation until five or six hours later; also one hundred and twenty grains of chloral per rectum. Notwithstanding this and the administration of chloroform, she had two violent convulsions, the last one being especially severe.

I saw her again at 1.30 P.M., and, Dr. Smith concurring, determined to deliver as rapidly as possible. Accordingly, she was placed in position, a vaginal douche given, put completely under the influence of chloroform, the urine drawn (which proved to be heavily laden with albumin), and cervical dilatation was begun with the fingers. Proceeding slowly, half of the hand, thoroughly cleansed and well oiled, was introduced into

the vagina, and one finger into the os externum. In a few minutes a second finger was squeezed in alongside of the first. Then, at short intervals, the third and fourth fingers were inserted, and the four fingers, bunched into a cone, were used as the dilating wedge. The fingers were pushed as high as the presenting part would allow, care being taken not to rupture the amniotic sac; they were then made to oppose each other, the index and sometimes the middle finger being hooked into the cervical ring, pulling it gently in different directions, the other fingers opposing. The cervical ring was thick and strong, and offered not a little resistance. The manipulations were continued for about forty minutes, when I had secured considerable thinning out of the cervix and a dilatation of from one-and-one-half to one-and-three-quarter inches. The head was now engaging, and the waters unbroken. I now had the choice between version (which might not have been an easy undertaking in view of the subsequent discovery of twins) and an effort to apply the forceps. Knowing the dangers incident to the delivery of a living child by the breech in a primipara under the most favorable surroundings, I determined to make an effort to apply the forceps; in the event of failure, I still had the alternative of version. Accordingly, the bag of waters was ruptured, and a small head in the right occipito-posterior position became partially engaged at the superior straight. The forceps was adjusted with some difficulty, the cervix being tightly stretched like a rubber band around the blades when they were locked. I now felt that I had control of the situation, and even though a laceration of the cervix should occur, I would be justified in bringing the labor to a speedy termination. Intermittent tractions at intervals of two minutes were made very gently, and I soon had the satisfaction of seeing the cervical fibers dilate and retract over the forceps-blades and the descending head. The delivery was soon accomplished. The head being very small and the pelvis roomy, the former never rotated, but was

delivered with the face looking to the symphysis. The child, weighing about five pounds, was in a state of congestive asphyxia. The cord was cut without ligature, and a small amount of blood permitted to escape; the infant was then quickly resuscitated.

When this child was delivered it was at once observed that a second remained unborn, which presented by the head, in the left occipito-anterior position. It descended to the pelvic cavity in a little while, but the contractions being insufficient, the forceps was applied and delivery accomplished in a few minutes. The second child resisted efforts at resuscitation for a long while, but we were finally successful; though larger than the first, it was weaker, and was asphyxiated from a probable partially premature separation of the placenta. A single after-birth with the two cords attached was promptly delivered, and a firm uterine contraction followed.

The time consumed from the commencement of the dilatation to the complete delivery was about two hours, and we had the satisfaction of having two living children, the mother still alive and in a better situation for the future to the credit of *accouchement forcé*. Owing to the small size of the fetal heads, notwithstanding the unfavorable position of the first, the perineum was preserved entire, and if there was any cervical laceration, it was insignificant. There was no recurrence of convulsions during the delivery. The mother was now allowed to come out from under the influence of chloroform, and a close watch was instituted. In an hour or so she began to purge freely; the kidneys also secreted six or eight ounces of urine.

I saw her again four hours afterward and found her breathing sixty-five times per minute; the pulse, 90; the temperature, 102° F.; very restless, still unconscious, somewhat cyanosed, coarse mucous râles being heard over every part of both lungs. This condition, evidently one of acute edema, had come on suddenly, about three-

and-one-half hours subsequent to the delivery. Mustard-plasters were freely applied to the chest in front and behind, a rectal injection of half an ounce of whiskey and fifteen grains of ammonium carbonate given, followed shortly after by the hypodermatic injection of morphin one-fourth grain and atropin $\frac{1}{150}$ grain. This brought relief, and she passed a reasonably quiet night.

At eight o'clock the next morning, April 3d, she awoke to partial consciousness, and had a single slight convulsion; thirty grains of chloral by the rectum, and morphin and atropin were given. The edematous condition of the lungs still persisted; the temperature was 101° F., and the pulse varying from 120 to 150 beats per minute. Later in the morning the morphia and atropin were repeated, and $\frac{1}{100}$ grain digitalin given hypodermatically. At four o'clock in the afternoon the woman had become semiconscious, the pupils responding promptly; the pulse was 120—better in volume and strength; she recognized her friends and was able to swallow teaspoonfuls of water, doses of whiskey, and ammonium carbonate. I directed that morphin and digitalis be continued during the night *pro re nata*.

The temperature for the next two days was exceedingly erratic, varying from normal, or nearly so, to 105° F., making at times very rapid excursions, but the daily average became gradually higher toward the end, fluctuating from 103° to 105° F. The condition of the lungs never materially improved, the coarse mucous râles persisting. I am inclined to think a condition identical with, or certainly very similar to, catarrhal pneumonia developed in the right lung. The urinary secretion from the time of delivery was satisfactory in quantity, showing daily improvement in the amount of albumin. The patient died early on the morning of the 6th, or about four-and-one-half days after delivery, clearly from the pulmonary complication, there being at no time evidence of septic infection. It is probable that the edema was induced by intra-cranial interference with the functions of the pneumogastric nerve.

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